

Department of Police * City of Chicago
3510 South Michigan Avenue * Chicago, Illinois 60653

Date 04 January 2012

Re: C. L. No. 1050796

Dear [REDACTED]

A complaint against a Department member, registered under the above Complaint Log (C.L.) Number, is currently under investigation by the Chicago Police Department.

A vital step in the investigation is an interview with the person who registered the complaint as well as witnesses. This step is essential in order to conduct a complete and thorough investigation.

Please contact me as soon as possible so that I can make arrangements to meet with you regarding the incident under investigation. The following information is provided so that you can contact me without unnecessary inconvenience:

Name: Donald EDWARDS

Address: 3510 S. Michigan Ave, Chgo, IL 60653

Telephone: 312-745-6310

Hours Available: 8am - 4pm Monday - Friday

Sincerely,

A handwritten signature in black ink, appearing to be "Donald Edwards", written over a horizontal line.

CPD-44.223 (REV. 1/07)

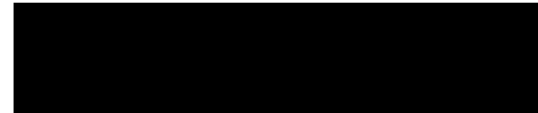
Emergency: 9-1 -1 * Non-Emergency: (Within City limits) 3-1 -1 * Non-Emergency: (Outside City limits) 312-746-6000
TTY: 312-746-9715 * E-mail: police@ci.chi.il.us * Website: www.ci.chi.il.us/CAPS

CPD 0024728



City of Chicago
Department of Police
3510 South Michigan Avenue
Chicago, Illinois 60653

D. EDWARDS Unit 121 GIS



7006 0810 0003 1357 8366

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

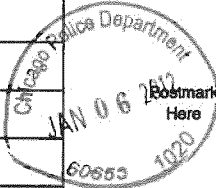
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D. EDWARDS Unit 121 GIS

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



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Street, Apt. No.,
or PO Box No.

City, State, ZIP+

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete
Item 4 if Restricted Delivery is desired.
Print your name and address on the reverse
so that we can return the card to you.
Attach this card to the back of the mailpiece,
or on the front if space permits.

Article Addressed to:

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540

CPD 0024729